

Fax

To: Examiner Gerald G. Leffers**From:** Timothy J. Douros

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Fax: 781 860 1407

Fax: 703 872 9306**Pages:** 11 (including cover sheet)**Phone:** 703 308 6232**Date:** April 30, 2004**Re:** US Serial No. 09/227,687 (C044)**CC:**

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

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Handwritten signature of Timothy J. Douros in black ink.

Timothy J. Douros

April 30, 2004
Signature Date

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C044 Resp to 123003 OA FAX 043004

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) C044
In re Application of Francis P. Tally et al.		
Application Number 09/227,687		Filed January 8, 1999
For METHODS FOR IDENTIFYING VALIDATED TARGET AND ASSAY COMBINATIONS FOR DRUG DEVELOPMENT		
Art Unit 1636		Examiner Gerald G. Leffers, Jr., Ph.D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 56.00.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account Number 50-1986.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

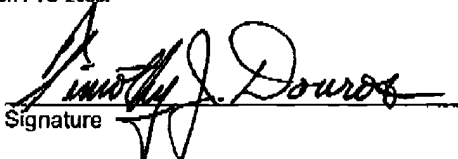
☒ attorney or agent of record. Registration Number 41,716

☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a) _____

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April 30, 2004
 Date

781 860 8660
 Telephone Number


 Signature

Timothy J. Douros
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1222 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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☐ Two months (37 CFR 1.17(a)(2)) \$ _____

☐ Three months (37 CFR 1.17(a)(3)) \$ _____

☐ Four months (37 CFR 1.17(a)(4)) \$ _____

☐ Five months (37 CFR 1.17(a)(5)) \$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: **\$ 65.00**.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account Number 50-1986.

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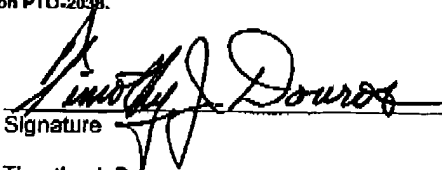
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